

FROM : MUNSHIS

PHONE NO. : 619 457 7657

Jan. 15 2008 02:02PM P2

## PART B - FEE(S) TRANSMITTAL.

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7590 10/18/2007

DR. ARCHANA KAPOOR  
 DR. ANIL MUNSHI  
 3623 CAMINITO CARMEL LANDING  
 SAN DIEGO, CA 92130

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ARCHANA KAPOOR	(Depositor's name)
<i>Archana</i>	(Signature)
Jan. 15, 2008	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/432,820	11/02/1999	ARCHANA KAPOOR	A-57004-4/RF	1595
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TITLE OF INVENTION: MEMBRANE-ASSOCIATED IMMUNOGENS OF MYCOBACTERIA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	01/15/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	01/16/2008 NNGUYEN2 00000013 09432820		
ZARA, JANE J		1635	530-388400	01 FC:2501 02 FC:1504	720.00 0P 300.00 0D	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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1 \_\_\_\_\_  
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type).

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Archana*

Date

*Jan. 15, 2008*

Typed or printed name

*DR. ARCHANA KAPOOR*

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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To:- PTO  
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Fax (571) 273-2885

Date Jan. 15, 2008

Re. Application No. 09/432, 820

First Named Inventor ARCHANA KAPOOR

Attached

- ① Part - B - Fees Transmittal (PTOL-85)
- ② Credit Card Payment Form  
(PTO - 2038)

From Archana Kapoor

T: 858-847-9497

# of Pages : 3 (including this)